

CHILD NUTRITION PROGRAMS CIVIL RIGHTS COMPLAINT FORM

COMPLAINT CONTACT INFORMATION:

NAME: _____

STREET ADDRESS, CITY, STATE, ZIP: _____

AREA CODE/PHONE: _____

E-MAIL ADDRESS: _____

COMPLAINT INFORMATION:

1. SPECIFIC NAME AND LOCATION OF THE ENTITY DELIVERING THE SERVICE OR BENEFIT:
2. DESCRIBE THE INCIDENT OR ACTION OF THE ALLEGED DISCRIMINATION OR GIVE AN EXAMPLE OF THE SITUATION THAT HAS A DISCRIMINATORY EFFECT ON THE PUBLIC, POTENTIAL PROGRAM PARTICIPANTS, OR CURRENT PARTICIPANTS:
3. ON WHAT BASIS DOES THE COMPLAINANT FEEL DISCRIMINATION EXISTS (race, color, national origin, sex, age, disability, creed, sexual orientation, religion, gender identity, political party affiliation, actual/potential parental/family/marital status)?
4. LIST THE NAMES, TITLES, AND BUSINESS ADDRESSES OF PERSONS WHO MAY HAVE KNOWLEDGE OF THE ALLEGED DISCRIMINATORY ACTION:
5. LIST THE DATE(S) DURING WHICH THE ALLEGED DISCRIMINATORY ACTIONS OCCURRED, OR IF CONTINUING, THE DURATION OF SUCH ACTIONS: _____
6. DATE COMPLAINT RECEIVED: _____
7. PERSON RECEIVING COMPLAINT: _____
8. ACTION(S) TAKEN:

Any person or representative alleging discrimination based on a prohibited basis has the right to file a complaint within 180 days of the alleged discriminatory action.

Civil rights complaints are to be forwarded immediately to:

IOWA DEPARTMENT OF EDUCATION, BUREAU OF NUTRITION & HEALTH SERVICES, GRIMES STATE OFFICE BUILDING, 400
E. 14TH STREET, DES MOINES, IA 50319-0146

OR

USDA, DIRECTOR, OFFICE OF ADJUDICATION, 1400 INDEPENDENCE AVENUE, SW, WASHINGTON DC 20250-9410,

FAX: 1-202-690-7442; TOLL-FREE CUSTOMER SERVICE: 1-866-632-9992,

LOCAL OR FEDERAL RELAY: 1-800-877-8339; SPANISH 1-800-845-6136